

Trauma Clinical Guideline: Initial Management & Resuscitation of Major Pelvic Fracture

The Trauma Medical Directors' Technical Advisory Committee is an open forum for the directors of designated trauma services in Washington State to share ideas and concerns regarding the provision of trauma care. The workgroup meets twice a year to encourage communication between services so that they may share information and improve the quality of care that they provide to patients. On occasion, at the request of the Governor's Steering Committee on EMS and Trauma Care, the group discusses the value of specific guidelines for trauma care procedures.

This guideline is distributed by the Washington State Department of Health on behalf of the Governor-Appointed Steering Committee on Emergency Medical Services and Trauma System to assist trauma care services with the development of their trauma patient care guidelines. Toward this goal the Trauma Medical Directors have categorized the type of guideline, the sponsoring organization, how it was developed, and whether it has been tested or validated. It is hoped that this information will assist the physician in evaluating the content of this guideline and its potential benefits for their practice or any particular patient.

The Department of Health does not mandate the use of this guideline. The Department recognizes the varying resources of different services and that approaches that work for one trauma service may not be suitable for others. The decision to use this guideline in any particular situation always depends on the independent medical judgment of the physician. It is recommended that trauma services and physicians that choose to use this guideline consult with the Department or Washington State's North Region Trauma Quality Improvement Committee, the developer of the original guideline, for any updates to its content. The Department appreciates receiving any information regarding practitioners' experiences with this guideline. Please direct comments to Mary Rotert RN, (360) 236-2874 or mary.rotert@doh.wa.gov

This is a trauma assessment, management and transfer guideline. It was adapted from a guideline developed by Washington State's North regional trauma quality improvement committee. The Trauma Medical Directors workgroup reviewed the guideline, sought input from trauma care physicians throughout Washington State, and used that input to make the changes. The guideline was then endorsed by the Steering Committee, and by the DOH Office of EMSTS. This guideline has not been tested or validated. Further information is available at the address listed.

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ABC's- secure airway
Two large bore IV's, IV Fluid
Attempt hemodynamic stabilization

Type and Crossmatch
Serial hematocrits

**Treat other sources of
significant bleeding**
(Thoracic, abdominal,
external)

Stabilize pelvis

1. Circumferential sheet wrapped tightly around pelvis
2. MAST with pelvic compartment inflated
3. Orthopedic stabilization: C-clamp, external fixation

Monitor for signs of ongoing pelvic bleeding

Secondary survey: Key points (often multiple associated injuries)

- Check temperature and institute warming measures
- Neurologic exam to identify spinal cord and plexus injuries
- Administer pain control
- Log roll to check spine and for open fractures
- Rectal/vaginal exam to define occult open fracture
- Place Foley catheter (If blood at meatus, floating prostate, or resistance, then retrograde urethrogram)
- X-rays of pelvis and adjoining areas. Consider CT scan if stable.

Reduce hip dislocation if present

If Preparing for Transfer

Physician

1. Determine choice of ground vs. air transport based on clinical status & distance
2. Maintain spine precautions and pelvic stabilization
3. Send type and crossed blood with patient (if indicated & adequate time)

Nurse

1. Review physician maneuvers to confirm proper application
2. Monitor vital signs closely
3. Secure IV access sites for transfer
4. Check distal pulses, perfusion
5. Further stabilize pelvic girdle with pillows & blankets
6. Copy and send all records & X-rays

**Sources of treatable blood loss from non-pelvic sites
should be controlled prior to transfer if at all possible**